



City of Springfield Sanitary Services
PUBLIC WORKS DEPARTMENT
WASTEWATER CONTRIBUTION PERMIT APPLICATION
www.springfieldmo.gov



Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this permit application, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.

SECTION A – GENERAL INFORMATION

Facility Name

Operator Name

Is The operator identified above the owner of the facility? ☐ Yes ☐ No **If no, provide the name and address of the owner and submit a copy of the contract and /or other documents indicating the operator's scope of responsibility for the facility.**

Facility Address

Street

City

State

Zip

Mailing Address

Street

City

State

Zip

Designated signatory authority of the facility. Attach additional information for each authorized representative:

Name

Title

Address

City

State

Zip

Phone

Fax

Email Address

Designated facility contact:

Name

Title

Phone

Fax

Email

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste, sludge or hazardous wastes) place a check beside the category of business activity (check all that apply)

Industrial Categories*

<input type="checkbox"/> Airport Deicing	<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Asbestos Manufacturing	<input type="checkbox"/> Battery Manufacturing
<input type="checkbox"/> Builders Paper and Board Mills	<input type="checkbox"/> Carbon Black Manufacturing	<input type="checkbox"/> Cement Manufacturing	<input type="checkbox"/> Centralized Waste Treatment
<input type="checkbox"/> Chemical Formulators and Packagers	<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Copper Forming	<input type="checkbox"/> Dairy Products Processing
<input type="checkbox"/> Electrical and Electronic Components	<input type="checkbox"/> Electroplating	<input type="checkbox"/> Explosives Manufacturing	<input type="checkbox"/> Feedlots
<input type="checkbox"/> Ferro Alloy Manufacturing	<input type="checkbox"/> Fertilizer Manufacturing	<input type="checkbox"/> Canned & Preserved Fruits and Vegetables Processing	<input type="checkbox"/> Glass Manufacturing
<input type="checkbox"/> Grain Mills	<input type="checkbox"/> Gum and Wood Chemicals Manufacturing	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Industrial Laundries
<input type="checkbox"/> Ink Formulating	<input type="checkbox"/> Inorganic Chemicals Manufacturing	<input type="checkbox"/> Iron & Steel Manufacturing	<input type="checkbox"/> Landfills or Incinerators

<input type="checkbox"/> Leather Tanning and Finishing	<input type="checkbox"/> Meat Products	<input type="checkbox"/> Metal Finishing	<input type="checkbox"/> Metal Molding and Casting
<input type="checkbox"/> Metal Products & Machinery	<input type="checkbox"/> Mineral Mining & Processing	<input type="checkbox"/> Nonferrous Metals Forming & Metal Powders	<input type="checkbox"/> Nonferrous Metals Manufacturing
<input type="checkbox"/> Ore Mining and Dressing	<input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers	<input type="checkbox"/> Paint Formulating	<input type="checkbox"/> Paving and Roofing Materials
<input type="checkbox"/> Petroleum Refining	<input type="checkbox"/> Pharmaceutical Manufacturing	<input type="checkbox"/> Phosphate Manufacturing	<input type="checkbox"/> Photographic Processing
<input type="checkbox"/> Plastics Molding and Forming	<input type="checkbox"/> Porcelain Enameling	<input type="checkbox"/> Pulp, Paper & Paper Board	<input type="checkbox"/> Rubber Processing
<input type="checkbox"/> Canned & Preserved Seafood Processing	<input type="checkbox"/> Soaps and Detergents	<input type="checkbox"/> Steam Electric Power Generating	<input type="checkbox"/> Sugar Processing
<input type="checkbox"/> Textile Mills	<input type="checkbox"/> Timber Products Processing	<input type="checkbox"/> Transportation Equipment Cleaning	<input type="checkbox"/> Urban Stormwater

***Environmental Protection Agency (EPA) Categorical Pretreatment standards may apply to facilities with the processes listed above. These facilities are termed "Categorical Users"**

Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary)

Indicate applicable Standard Industrial Classification (SIC) for all processes: (If more than one applies, list all)

A	B	C	D
----------	----------	----------	----------

Product Volume Estimate

Product Produced	Past Calendar Year (Average Daily Units)	Amounts Per Day (Daily Units)		
		Maximum	Average	Maximum

SECTION C – WATER SUPPLY

Water Sources (check all that apply)

<input type="checkbox"/> Private Well	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Municipal Water (specify City)	<input type="checkbox"/> Other
---------------------------------------	--	---	--------------------------------

Name on water bill

Street Address on bill

Water Service Account Number

List average water usage on premises (new facilities may estimate usage)

Type	Average Water Usage (gpd)	Indicate Estimated or Measured
A. Contact cooling water		
B. Non-contact cooling water		
C. Boiler feed		
D. Process		
E. Sanitary		

Type	Average Water Usage (gpd)	Indicate Estimated or Measured
F. Air pollution control		
G. Contained in product		
H. Plant and equipment wash down		
I. Irrigation and equipment wash down		
J. Other (specify)		
Total of A-J		

Section D – Sewer Information

FOR EXISTING BUSINESSES ONLY

Is the building presently connected to the public sanitary sewer system?	<input type="checkbox"/> Yes	Sanitary sewer account number _____
	<input type="checkbox"/> No	Have you applied for a sanitary sewer connection? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR NEW BUSINESSES ONLY

Will you be occupying an existing vacant building (such as in an industrial park)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for a building permit if a new facility will be constructed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be connected to the public sanitary sewer system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the size, descriptive location, and flow of each facility sewer line which connects to the City's sewer system. (If needed, attach additional information on another sheet)			
Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)	

SECTION E – WASTEWATER DISCHARGE INFORMATION

Does (or will) this facility discharge any wastewater other than from restrooms to the city sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete the remainder of the application. If no, skip to Section I – Spill Prevention	
Provide the following information on wastewater flow rate (new facilities may estimate)	
	Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Hours/Day of discharge (e.g., 8hrs/day)	
Hours of Discharge (e.g., 9 a.m. to 5 p.m.)	
Peak per minute (GPM)	Max. daily flow rate (GPD) Annual daily average (GPD)
Are there batch discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill in A–E below)	
A. Number of batch discharges per day	B. Average discharge per batch (gallons)
C. Time of batch discharges: Day(s) of week	Time of day
D. Flow rate (gpm)	E. Percent of total facility discharge

Schematic Flow Diagram: For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the public sewer. Use these numbers when showing the unit processes in the building layout in Section H.

Facilities that checked activities in Section B (1) may be considered a Categorical Industrial User and should proceed to question 6 in section E.

For Non-Categorical Users Only: List an average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge)

No.	Process Description	Avg Flow (GPD)	Maximum Flow (GPD)	Type of Discharge

Answer questions 6 and 7 only if you are subject to categorical pretreatment standards

6. For Categorical Users: Provide the totals of wastewater discharge flows of each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge)

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge

7. For Categorical users subject to Total Toxic Organic (TTO) requirements, please provide the following information

- A. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA? ☐ Yes ☐ No
- B. Has a baseline monitoring report (BMR) been submitted which contains TTO information? ☐ Yes ☐ No
- C. Has a toxic organics management plan (TOMP) been developed? ☐ Yes ☐ No

Currently	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Planned	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA		Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge. ☐ Yes ☐ No
(If no, continue to question 11)

11. Are any materials or water reclamation systems in use or planned? ☐ Yes ☐ No (If no, continue to section F)

SECTION F – CHARACTERISTICS OF DISCHARGE

Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
1.	Asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66.	1,2-dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67.	1,1-dichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68.	Trans-1,2-dichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69.	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70.	1,2-dichloropropane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71.	(cis & trans) 1,3-dichloropropene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72.	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73.	Diethyl phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74.	2,4-dimethylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75.	Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76.	Di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77.	Di-n-octyl phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78.	4,6-dinitro-2-methylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79.	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80.	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81.	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82.	1,2-diphenylhydrazine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
18.	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83.	Endosulfan 1*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84.	Endosulfan 11*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85.	Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86.	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87.	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Benzdine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88.	Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Benzo (a) anthracene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89.	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Benzo (a) pyrene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90.	Fluorene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Benzo (b) fluoranthene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91.	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Benzo (g,h,i) perylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92.	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Benzo (k) fluoranthene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93.	Hexachlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	a-BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94.	Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	b-BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95.	Hexachlorocyclopentadiene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	d-BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96.	Hexachloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	g-BHC (gamma)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97.	Indeno (1,2,3-cd) pyrene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Bis (2-chloroethyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98.	Isophorone*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Bis (2-chloroethoxy) methane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99.	Methylene chloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Bis (2-chloroisopropyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100.	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Bis (chloromethyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101.	Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Bis (2-ethylhexyl) phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102.	2-nitrophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Bromodichloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103.	4-nitrophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Bromoform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104.	N-nitrosodimethylamine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Bromomethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105.	N-nitroso-di-n-propylamine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	4-bromophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106.	N-nitrosodiphenylamine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Butylbenzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107.	PCB-1016*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Carbon tetrachloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108.	PCB-1221*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109.	PCB-1232*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	4-chloro-3-methylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110.	PCB-1242*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111.	PCB-1248*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	Chloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112.	PCB-1254*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	2-chloroethylvinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113.	PCB-1260*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	Chloroform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114.	Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	Chloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115.	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116.	Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	2-chlorophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117.	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	4-chlorophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118.	2,3,7,8-tetrachlorodibenzo-p-dioxin*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	Chrysene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119.	1,1,2,2-tetrachloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.	4,4 - DDD*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120.	Tetrachloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	4,4 - DDE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121.	Toluene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	4,4 - DDT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122.	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	Dibenzo (a,h) anthracene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123.	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59.	Dibromochloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124.	1,1,1-trichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.	1,2-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125.	1,1,2-trichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Other chemical treatment (list type)											
<input type="checkbox"/> Other (list type)											
Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures for each treatment facility checked above (attach additional sheets if necessary)											
Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.											
Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the City of Springfield sanitary sewer. Please include estimated completion dates											
Do you have a wastewater treatment operator? <input type="checkbox"/> Yes (If yes answer question 7 below) <input type="checkbox"/> No											
7. Name of Operator						Title					
Phone						Email Address					
Specify Operating Hours			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
<input type="checkbox"/> Full time employee											
<input type="checkbox"/> Part time employee											
Do you have a written manual on the correct operation of your treatment equipment?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a written maintenance schedule for your treatment equipment?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION H – FACILITY OPERATIONAL CHARACTERISTICS											
Shift Information											
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Work days		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Shifts per work day											
Employees per shift	1 st										
	2 nd										
	3 rd										
Shift start and end time	1 st										
	2 nd										
	3 rd										
Is business activity <input type="checkbox"/> Continuous through the year <input type="checkbox"/> Seasonal If seasonal, indicate below the months of the year during which the business activity occurs											
January	February	March	April	May	June	July	August	September	October	November	December
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments											
Is discharge <input type="checkbox"/> Continuous through the year <input type="checkbox"/> Seasonal If seasonal, indicate below the months of the year during which the business activity occurs											
January	February	March	April	May	June	July	August	September	October	November	December
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments											
Does operation shut down for vacation, maintenance, or any other reason? <input type="checkbox"/> Yes (if yes indicate below reasons) <input type="checkbox"/> No											

<p>List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed)</p>
--

List type and quantity of chemicals used or planned for use (attach list if needed), INCLUDE COPIES OF ALL MATERIAL SAFETY DATA SHEETS FOR ALL CHEMICALS IDENTIFIED

[illegible]

Building Layout – Include a scale map or drawing of the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the City of Springfield sewer. Number each sewer and show existing and proposed sampling locations. A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION J – NON-DISCHARGED WASTES

Do you have chemical storage containers, tanks, vessels, etc. at your facility? ☐ Yes ☐ No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

Do you have floor drains in your manufacturing or chemical storage area(s)? ☐ Yes (if yes answer below) ☐ No

Where do they discharge to?

If you have chemical storage containers, tanks, vessels, etc. in the manufacturing area, could an accidental spill lead to a discharge to (check all that apply)

☐ An onsite disposal system
 ☐ Storm drain
 ☐ N/A, No possible discharge to any route

☐ Sanitary sewer system (e.g. through a floor drain)
 ☐ To ground
 ☐ Other

Do you have an accidental spill prevention plan, Slug Control Plan, or SPCC plan to prevent spills of chemicals or sludge discharges from entering the wastewater or storm collection systems?

☐ Yes (please enclose a copies with application)- Slug Control Plan required within 90 days of issuance of permit

☐ No- Slug Control Plan required within 90 days of issuance of permit

Please describe below any previous spill events (within last three years) and remedial measures taken to prevent their reoccurrence

SECTION J – NON-DISCHARGED WASTES

Are any waste liquids or sludge materials generated and not disposed of in the sanitary sewer system?

☐ Yes (Please describe below)
 ☐ No (Please continue to section K)

Waste Generated	Quantity (Per Year)	Disposal Method

Indicate which wastes identified above are disposed of at an off-site facility and which are disposed of on-site

If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility

If an outside firm removes any of the above listed wastes, state the name(s) and address(es) of all waste haulers

Name	Address	Permit No.

Have you been issued any Federal, State, or local environmental permits? ☐ Yes (please list permits below) ☐ No

SECTION K – AUTHORIZED SIGNATURES

Compliance Certification

Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

☐ Yes ☐ No (if no answer question below) ☐ Not Yet Discharging

What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance

Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the City of Springfield issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date

Authorized Representative Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner/Authorized Representative

First Name _____ **Last Name** _____

Title _____

Written Signature _____

Date _____

APPENDIX A- PRIORITY POLLUTANT SYNONYM LISTING

Item	Chemical Compound	Synonym	Item	Chemical Compound	Synonym
1	Asbestos	Actinolite, Amosite, Antophyllite, Chrysotile, Crocidolite, Tremolite	35	bis(2-chloroisopropyl) ether	2,2'-Dichloroisopropyl ether
2	Cyanide	Hydrogen Cyanide, Potassium Cyanide, Sodium Cyanide	36	bis(chloromethyl)ether	(sym)Dichloromethyl ether
3	Antimony	Stibium	37	bis(2-ethylhexyl) phthalate	2,2'-Diethylhexyl phthalate
4	Arsenic	Arsenia	38	Bromodichloromethane	Dichlorobromomethane
5	Beryllium	Glucinium	39	Bromoform	Tribromomethane
9	Lead	Plumbum	40	Bromomethane	Methyl bromide
10	Mercury	Hydrargyrum; Liquid Silver, Quick Silver	43	carbon tetrachloride	Tetrachloromethane
13	Silver	Argentum	45	4-chloro-3-methylphenol	Para-chloro-meta-cresol
16	Acenaphthene	1,2-Dihydroacenoaphthylene; Periethylenenaphthalene; 1,8-Ethylenenaphthalene	47	chloromethane	Ethylchloride
18	Acrolein	2-Propenal; Propenal; Allyl aldehyde, Acraldehyde; Acrylaldehyde, Acrylic aldehyde, Aqualin	49	chloroform	Trichloromethane
19	Acrylonitrile	2-Propenenitrile; Propenenitrile, Vinyl cyanide, Cyanoethylene; Acritet; Fumigrain; Ventox; Acrylonitrile monomer	50	chloromethane	Methyl chloride
20	Aldrin	1,2,3,4,10, 10-Hexachloro-1,4,4a,5,8,8a-Hexahydro-1,4:5,8-Dimethanonaphthalene; HHDN; Compound 118; Octalene	52	2-chlorophenol	Para-chlorophenol
22	Benzene	Benzol; Cyclohexatriene, Phenyl hydride	54	Chrysene	1,2-Benzphenanthrene
23	Benzidine	4,4'-Bianiline; 4,4'-Biphenyldiamine; 1,1'-Biphenyl-4,4'-diamine; 4,4'-Diaminobiphenyl; p-Diaminodiphenyl	55	4,4'-DDD	Dichlorodipenyldichlorethane, p,p'-tde, Tetrachlorodiphenylethane
24	Benzo(a)anthracene	1,2-Benzanthracene, 2,3-Benzphenenthrene	56	4,4'-DDE	Dicholodipenyldichloroethylene
25	Benzo(a)pyrene	3,4-Benzopyrene	57	4,4'-DDT	Dichlorodiphenyltrichloroethane
26	Benzo(b)fluoranthene	2,3-Benzfluoranthene 2,3-Benzofluoranthene 3,4-Benz(e)acephenathrylene 3,4-Benzfluoranthene 3,4-Benzofluoranthene Benz(e)fluoranthene	58	Dibenzo(a,h)anthracene	1,2,5,6-dibenzanthracene
27	Benzo(g,h,i)perylene	1,12-Benzoperylene	59	Dibromochloromethane	Chlorodibromomethane
28	Benzo(k)fluoranthene	11,12-Benzofluoranthene	60	1,2-dichlorobenzene	Ortho-dichlorobenzene
32	g-BHC (gamma)	Lindane	61	1,2-dichlorobenzene	Meta-dichlorobenzene
33	bis(2-chlorethoxl) methane	2,2'-Dichlorethyl ether	62	1,4-dichlorobenzene	Para-dichlorobenzene

APPENDIX A- PRIORITY POLLUTANT SYNONYM LISTING

Item	Chemical Compound	Synonym	Item	Chemical Compound	Synonym
64	Dichlorodifluoromethane	Difluorodichloromethane, Fluorocarbon-12	102	2-nitrophenyl	Para-nitrophenyl
65	1,1'-dichloroethane	Ethylidene chloride	103	4-nitrophenyl	Ortho-nitrophenyl
66	1,2-dichloroethane	Ethylene chloride, Ethylene dichloride	104	N-nitrosodimethylamine	Dimethylnitrosoamine
67	1,1-dichloroethane	1,1-Dichloroethylene	105	N-nitrosodi-n-propylamine	n-Nitro-di-n-propylamine
68	trans-1,2-dichloroethene	Acetylene dichloride	106	N-nitrosodipheynylamine	Diphenyl-nitrosoamine
70	1,2-dichloropropane	Propylene dichloride	107	PCP-1018	Arochlor-1018
71	(cis & trans) 1,3-dichloropropane	(cis & trans) 1,3-Dichloropropylene	108	PCB-1221	Arochlor-1221
73	Diethylphthalate	Ethyl phthalate	109	PCB-1232	Arochlor-1232
74	2,4-dimethylphenol	2,4-zulenol	110	PCB-1242	Arochlor-1242
77	di-n-octyl phthalate	Di(2-ethylhexyl)phthalate	111	PCB-1248	Arochlor-1248
78	4,6-dinitro-2-methylphenol	4,6-Dinitro-octyl-cresol	112	PCB-1254	Arochlor-1254
82	1,2-diphenylhydrazine	Hydrazobenzene	113	PCB-1260	Arochlor-1260
83	Endosulfan I	a-Endosulfan-alpha	118	2,3,7,8-tetrachlorodibenzo-p-dioxin	TCDD
84	Endosulfan II	b-Endosulfan-beta	119	1,1,2,2-tetrachloroethene	Acetylene tetrachloride
90	Fluorene	(alpha)-Diphyllene methane	120	Tetrachloroethene	Perchloroethylene, Tetrachloroethylene
93	Hexachlorbenzene	Perchlorobenzene	121	Toluene	Methylbenzene toluol
95	Hexachlorocyclopentadiene	Perchlorocyclopentadiene	124	1,1,1-trichloroethane	Methyl chloroform
96	Hexachloroethane	Perchloroethane	125	1,1,2-trichloroethane	Vinyl trichloride
97	indeno-(1,3,3-cd) pyrene	2,3-ortho-Phenylene pyrene	126	Trichloroethane	Trichloroethylene
98	Isophorone	3,5,5-Trimethyl-2-Cyclohexene-1-one	127	Trichlorofluoromethane	Fluorocarbon-11; Fluorotrichloromethane
99	Methylene chloride	Dichloromethane	129	Vinyl chloride	Chloroethene; Chloroethylene